POSBUT (DELOT)
Approved for use through 08/30/2007. CAMB 95/10
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Us.S. Pidenta and Tracformic Officiary U.S. DEPARTMENT OF COMMERCE
Usiter the Pappowork Resociation Act of 1998, no person are required to respond to a collection of informa

Effective on 12/08/2004.	Complete If Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Numb		10/523,569-Conf. #585 January 27, 2005		
FEE TRANSMITTAL	Filing Date		Osamu Chuio		
For FY 2007	First Named Inventor Examiner Name		V, S. Chang		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit		1771		
TOTAL AMOUNT OF PAYMENT (\$) 1,270.00	Attorney Docket No.		02796/0202443-US0		
	7 Morney Donat 1				
METHOD OF PAYMENT (check all that apply)					
Check x Credit Card Money Order N	one Other (p	lease identify	r):		
Deposit Account Deposit Account Number: 04-0100 Deposit A	ccount Name:	Da	rby & Darby	P.C.	
For the above-identified deposit account, the Director	is hereby authorized	to: (check	all that apply)		
Charge fee(s) indicated below	Charge	fee(s) indica	ated below, e	xcept for th	e filing fee
Charge any additional fee(s) or underpayments fee(s) under 37 CFR 1.16 and 1.17	of x Credit a	ny overpayi	ments		
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES		=======================================			
FILING FEES SI Small Entity	ARCH FEES Small Entity		TION FEES Small Entity		
Application Type Fee (\$) Fee (\$)	\$) Fee (\$)	Fee (\$)	Fee (\$)	Fees F	aid (\$)
Utility 300 150 500		200	100		
Design 200 100 100		130	65		
Plant 200 100 300		160	80		
Reissue 300 150 500		600	300		
Provisional 200 100 6 2. EXCESS CLAIM FEES	0	0	0		O If E
Fee Description Each claim over 20 (including Reissues)				Fee [\$]	Small Entity Fee (\$)
Each independent claim over 3 (including Reissues)				50 200	25 100
Multiple dependent claims				360	180
	Paid (\$)	Mult	iple Depende		
19 - 20 = x =		Fee	(\$)	Fee Paid (\$	1
HP = highest number of total claims paid for, if greater than 20,					_
Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.					
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of pape listings under 37 CFR 1.52(e)), the application size fee of sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 	lue is \$250 (\$125 fo)
<u>Total Sheets</u>	additional 50 or fract		Fee (\$)	Fee I	Paid (\$)
OTHER FEE(S) Non-English Specification, \$130 fee (no small entity dis		a namocry x		Fees	Paid (\$)
Other (c.g., late filing surcharge): 1252 Extension for r 1801 Request for co	esponse within se	cond mont on (RCE) (h see 37		0.00
SUBMITTED BY		=			
Signature San Ma Ablant	Registration No. (Attorney/Agent)	52,949	Telephone Date /G//c	(212) 52	7-7779